

City of Peabody
BOARD of HEALTH

Bernard H. Horowitz, Chairman
Stephen Kalivas, R.Ph, Leigh Ann Mansberger, MD, MPH

Food & Milk Establishment Permit Application

The **Applicant** must be an **Owner** of the Food Establishment,
or an **Officer** of the Legal Ownership.

Part I- Food Establishment Name and Location

1. Name of Establishment: _____ Telephone: _____
2. Establishment Location: _____
3. E-Mail Address: _____
4. Mailing Address (if different): _____

Part II- Type of Establishment (check all that apply)

<u>Retail Food</u>	<u>Food Service</u>	<u>Catering</u>
< 1000 SQ FT <input type="checkbox"/>	0-50 SEATS <input type="checkbox"/>	Catering License <input type="checkbox"/>
1000 – 10000 SQ FT <input type="checkbox"/>	51-150 SEATS <input type="checkbox"/>	Mobile
> 10000 SQ FT <input type="checkbox"/>	151-499 SEATS <input type="checkbox"/>	Mobile Food/Cart <input type="checkbox"/>
	> 500 SEATS <input type="checkbox"/>	
<u>Church/Organization</u> <input type="checkbox"/>	<u>Ice Cream</u>	<u>Temporary</u>
	Seasonal Ice Cream Stand <input type="checkbox"/>	Up to 14 Days Food <input type="checkbox"/>
<u>Milk</u>		Up to 14 Days Non-profit <input type="checkbox"/>
Pasteurization <input type="checkbox"/>	<u>Farmers Market</u>	
<input type="checkbox"/>	Seasonal Farm Stand	

Part III-Owner of Food Establishment-provide owner's home address if sole proprietor

Full Name: _____

Telephone: _____ Birth Date: _____

Check One Sole Proprietor _____ Partnership _____ Trust _____ Corporation _____ Other _____
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Mailing Address: _____ City _____ State & Zip _____

Part III-(cont'd)

If applicant is a corporation:

State of incorporation: _____
Date of incorporation: _____
Principal office: _____
Name/Address of:
President: _____
Treasurer: _____
Clerk: _____

ON-SITE MANAGER

Full Name: _____ Telephone: _____
Mailing Address: _____ City: _____ State and Zip: _____

District/Regional Manager (if applicable)

Full Name: _____ Telephone: _____
Mailing Address: _____ City: _____ State and Zip: _____
Email Address: _____

Part IV-Days and Hours of Operation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

DATES OF OPERATION IF NOT ANNUAL: _____

If Food Service Establishment contains 25 or more seats:

Are there one or more persons on duty at all times trained in anti-choking techniques?

Yes: _____ No: _____

Please provide Name and Expiration Date for all trained employees

Name: _____ Expiration Date: _____

If Mobile Food Unit-give the name, address and telephone number of your Base of Operations. Include a list of hand washing/toilet facilities on route.

License Plate#: _____

Part V- Food Preparation Information

Check all that apply

- 22. Prepares, offers for sale, or serves potentially hazardous food only to order upon a consumer's request.
- 23. Prepares, offers for sale, or serves potentially hazardous food in advance in quantities based on projected consumer demand and discards food that is not sold at an approved frequency.
- 24. Prepares, offers for sale, or serves potentially hazardous food using time as the Public Health Control as specified in the Food Codes.
- 25. Prepares potentially hazardous food in advance using a food preparation method that involves two or more steps, which may include combining potentially hazardous food ingredients; cooking; cooling; reheating; hot or cold holding; freezing or thawing.
- 26. Prepares food as mentioned in line 23 for delivery to and consumption at a location off the premises of the food establishment where it is prepared.
- 27. Prepares food as mentioned in line 23 for service to a highly susceptible population.
- 28. Prepares only food that is not potentially hazardous.
- 29. Does not prepare, but offers for sale, only prepackaged food that is not potentially hazardous.

PART VI- Signature

I hereby attest to the accuracy of the information provided in this application and I affirm that I will comply with the Federal Food Code and the State Sanitary Code and all other applicable codes. I will allow the Peabody Board of Health or its agent(s) access to this food establishment and to the records as allowed under the said Codes.

Applicant's Signature: _____ Date: _____

ALL FOOD ESTABLISHMENTS MUST INCLUDE A LIST OF CERTIFIED FOOD HANDLERS WITH CERTIFICATES ATTACHED TO THIS APPLICATION

PART VII- Permit Fee Payment is due with application

Fee: Food & Milk permit: \$

Payable to: 'City of Peabody'
Mail or drop off: City Hall, 24 Lowell Street, Peabody, MA 01960

Ph: (978) 538-5926

fax: (978) 538-5990

Web Page: www.peabody-ma.gov

PART VIII- STATE TAX CERTIFICATION FORM

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Social Security Number or Federal I.D. Number: _____

Corporate Name (if applicable): _____

Corporate Officer if a corporation, or other owner: _____

Date: _____

Date Received: _____

Dates Inspected: _____

Approved By: _____